



**nanny
in the
city**

parent application

Address:

Nanny In The City
P.O. Box #58232
Nashville, TN, 37205

Contact:

phone - 615-436-0817
web - <https://nannyinthecity.com>

DATE: ____/____/____

MOTHER'S NAME: _____ FATHER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GENERAL LOCATION: _____

HOME PHONE: (____) _____ HOME FAX: (____) _____

MOTHER'S OCCUPATION & PLACE OF EMPLOYMENT: _____

WORK PHONE: (____) _____ OFFICE FAX: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

FATHER'S OCCUPATION & PLACE OF EMPLOYMENT: _____

WORK PHONE: (____) _____ OFFICE FAX: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

TELL US ABOUT YOUR CHILDREN (Please answer all applicable questions)

CHILDREN	DATE OF BIRTH	AGE	GENDER	SCHOOL & HRS ATTENDS
1.				
2.				
3.				
4.				
5.				
6.				

DATE NANNY/COMPANION NEEDED: ____/____/____ THROUGH ____/____/____

TYPE OF CARE NEEDED

- ☐ LIVE IN
☐ FULL TIME
☐ PART TIME
☐ AFTER SCHOOL (one school year only)
☐ SUMMER(one school summer vacation only)
☐ TEMPORARY OR TRAVEL
☐ EVENING/WEEKEND (occasional)

IDEAL SCHEDULE

- ☐ MONDAY _____ - _____
☐ TUESDAY _____ - _____
☐ WEDNESDAY _____ - _____
☐ THURSDAY _____ - _____
☐ FRIDAY _____ - _____
☐ SATURDAY _____ - _____
☐ SUNDAY _____ - _____

ANTICIPATED SALARY RANGE? (pre-tax) HOURLY? _____ WEEKLY? _____ OR MONTHLY SALARY? _____

BEREAVEMENT PAY: ☐ YES ☐ NO

PAID VACATION: ☐ YES ☐ NO YEAR END BONUS: ☐ YES ☐ NO

MEDICAL INSURANCE: ☐ YES ☐ NO OR MEDICAL STIPEND ☐ YES ☐ NO

ARE YOU ABLE TO PROVIDE NANNY WITH THE USE OF A CAR? ☐ YES ☐ NO

AUTOMOBILE INSURANCE: ☐ YES ☐ NO

MILEAGE REIMBURSEMENT: ☐ YES ☐ NO IF YES, RATE: _____

DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY STATUS THAT WE SHOULD TELL PROSPECTIVE CANDIDATES? IF YES, DESCRIBE:

DO YOUR CHILDREN NEED TO BE TRANSPORTED TO AND FROM SCHOOL? IF YES, DESCRIBE:

DO YOUR CHILDREN NEED TO BE TRANSPORTED TO AND FROM ACTIVITIES? IF YES, DESCRIBE:

DO YOUR CHILDREN ATTEND CAMP OR SPECIAL SUMMER ACTIVITIES? IF YES, DESCRIBE:

DESCRIBE ANY SPECIAL ACADEMIC, BEHAVIOR, OR HEALTH CONCERNS:

ARE YOUR CHILDREN POTTY TRAINED? ☐ YES ☐ IN TRAINING ☐ NO

ARE YOUR CHILDREN ON A NAP SCHEDULE? ☐ YES ☐ NO

ARE YOU BREAST FEEDING? ☐ YES ☐ NO

DO YOU HAVE PETS? ☐ YES ☐ NO DESCRIBE: _____

WHAT ACCOMODATIONS ARE AVAILABLE FOR A LIVE-IN?

☐ PHONE ☐ TV ☐ DVD ☐ COMPUTER CAR ☐ PRIVATE ROOM ☐ PRIVATE BATH ☐

DESCRIBE LIVING QUARTERS:

ARE THERE SMOKERS IN YOUR HOUSEHOLD? ☐ YES ☐ NO

DO YOU HAVE A SWIMMING POOL? ☐ YES ☐ NO

DO YOU PREFER A NANNY WHO SWIMS? ☐ YES ☐ NO

SPECIAL DIETS IN HOME:

GLUTEN-FREE ☐ YES ☐ NO

SPECIAL VEGAN ☐ YES ☐ NO

VEGETARIAN ☐ YES ☐ NO

PRIMARILY ORGANIC ☐ YES ☐ NO

IDENTIFY ANY ADDITIONAL DUTIES THE NANNY/CAREGIVER WOULD BE ASKED TO PERFORM:

(please check the appropriate items)

- ☐ PREPARE MEALS – FAMILY
- ☐ PREPARE MEALS – CHILD
- ☐ LAUNDRY – FAMILY
- ☐ LAUNDRY – CHILD
- ☐ IRONING
- ☐ CLEAN BATHROOM
- ☐ OVERNIGHT CARE
- ☐ TRAVEL

- ☐ GROCERY SHOPPING
- ☐ CARE FOR ELDERLY
- ☐ CARE FOR PETS
- ☐ ERRANDS
- ☐ HOUSE SIT
- ☐ PLANT CARE
- ☐ OTHER _____

- ☐ HOME MANAGEMENT ☐ BILL PAY
- ☐ LIGHT VACUUM & DUSTING
- ☐ KEEP KITCHEN STRAIGHTENED
- ☐ HELP WITH HOMEWORK
- ☐ DRIVE CHILDREN TO ACTIVITIES
- ☐ CARPOOLS
- ☐ OVERSEE HOUSEHOLD EMPLOYEES

HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN CONVICTED OF ANY CRIMES? ☐ YES ☐ NO
IF YES, EXPLAIN:

ARE THERE FIREARMS IN THE HOME? ☐ YES ☐ NO IF YES, ARE THEY LOCKED UP? ☐ YES ☐ NO

TELL US ABOUT YOUR PAST CHILD/COMPANION CARE ARRANGEMENTS:

WOULD YOU CONSIDER A NANNY FROM OUT OF STATE? ☐ YES ☐ NO

HOW DID YOU FIND YOUR CURRENT/LAST NANNY?

WHY ARE YOU DECIDING TO CHANGE YOUR CURRENT CHILD CARE?

DESCRIBE YOUR IDEAL NANNY/CAREGIVER:

ARE THERE ANY CAMERAS WITHIN THE HOME? ☐ YES ☐ NO IF SO, WHERE ARE THE CAMERAS LOCATED?

WHAT IS THE BEST TIME OF DAY FOR CANDIDATES TO CALL YOU?

PLEASE PROVIDE A PREVIOUS CHILDCARE/COMPANION REFERENCE (NON-RELATIVE ONLY)

NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP: _____

HOW DID YOU HEAR ABOUT OUR BUSINESS? _____

WHAT MADE YOU DECIDE TO ENGAGE OUR SERVICES? _____

ARE YOU WORKING WITH ANY OTHER AGENCIES? ☐ YES ☐ NO

ARE YOU INTERESTED IN LEARNING MORE ABOUT A PAYROLL SERVICE? ☐ YES ☐ NO

WILL THE NANNY BE PROVIDED WITH A KEY, CREDIT CARD, OR ANY OTHER PERSONAL PROPERTY?

ADDITIONAL COMMENTS: _____

Please read carefully, initial after each section and sign at the bottom

I understand and agree that Nanny In The City, LLC, on behalf of our family, will use a professional investigative service to conduct a criminal background check, DMV record, and social security verification. _____

I will contact Nanny In The City, LLC within 24 hours after interviewing a candidate that is referred to me by Nanny In The City, LLC. _____